

South Dakota State Employee Health Plan Pre-authorization Listing

07/01/13 to 06/30/14 (Subject to Change)

Health Management Partners (HMP) 1.866.330.9886 • www.hmpsd.com

ADMISSIONS

- Surgical, maternity, non-surgical, (medical)
- Skilled nursing
- Rehabilitation
- Hospice
- Transplant services
- Out-of-State provider services
- Out-of-network services
- Observation services
- Mental health
- Chemical dependency, including partial Residential Day

OTHER SERVICES

- Surgical procedures performed in the outpatient department of ambulatory surgical centers, hospitals, or specialty hospitals-Vertebroplasty, Epidural Blocks, Kyphoplasty, SCS trial & implantation
- MRI, MRA, CTA, CT Scans, and PET Scans
- Genetic Testing
- Cardiac catheterization
- Cardiac self-management training and education
- Home health services, including home intravenous, pain management, and hospice
- Ambulatory infusion
- Rehabilitation
- Chelation therapy
- Transplant services
- Observation services
- Physical therapy, occupational therapy, or speech therapy
- Kidney dialysis / peritoneal dialysis
- Maternity ultrasounds
- Temporomandibular Joint Syndrome (TMJ) treatment
- Colonoscopy (effective 2/17/14)
- Upper GI (effective 2/17/14)

Durable Medical Equipment (DME)

- Any DME Exceeding \$1000
- Apnea Monitors
- Compression pumps
- Continuous Passive Motion Device
- CGMS (continuous glucose monitoring system)
- CPAP, CPAP with humidifier, Bi-PAP (continuous positive airway pressure)
- Custom made braces over \$1000
- Electrical stimulation for urinary / bowel incontinence
- Feeding pump (initial supply only for pump and kit)
- Hospital beds
- Insulin pumps
- Neuromuscular electrical stimulators
- Negative pressure wound therapy pump
- Osteogenic stimulator (bone growth stimulator)
- Oximeters
- Oxygen, to include the oxygen carrier
- Percussors

Durable Medical Equipment (DME) Continued

- Pressure relief mattress
- Prosthetics
- SAD lites (seasonal affective disorder)
- Speech Devices
- Suction pumps
- TENS (transcutaneous electrical nerve stimulator)
- Terbutaline pumps
- Uterine monitor
- Ventilators
- Wheelchairs for purchase

Out-of-State Pre-authorizations

- Inpatient & Outpatient Services

For pre-authorization of services, providers should contact HMP at www.preauthonline.com.

Requests for out-of-network referrals must be made prior to receiving care from the provider in order for you to receive the highest level of benefits (75%/25%).

Facilities

An out-of-state pre-authorization is required prior to services being received from these facilities.

Emergency Care

When traveling out-of-state and emergency services are required, a call to HMP must be made within 48 hours to retro-authorize an in-patient admission.

Dependents Residing In Other States

There are no changes to pre-authorization requirements for dependents (college students) residing in other states.

Requests for out-of-state care will be declined if the patient care can be provided safely and cost effectively in South Dakota. Out-of-network benefits (65%/35%) will be applied to services received out-of-state if out-of-state care is not pre-authorized by HMP.

Out of Country Pre-Authorization

If you are traveling out of the country and need pre-authorization, please place a collect call to 1.605.333.0200.

For pre-authorization requirements, visit <http://benefits.sd.gov>, click Active Employee, scroll over Forms/Documents, and click Summary Plan Descriptions, FY 2013 Health.

South Dakota State Employee Health Plan Prescription Pre-authorization Listing

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DAKOTACARE: Provider submit prior authorization request at www.dkc-pa.com

COX-2 Inhibitors Step Therapy

Step One: naproxen, diclofenac, meloxicam

Step Two: CELEBREX®

Glaucoma Step Therapy

Step One: latanoprost, XALATAN®, TRAVATAN Z®

Step Two: ZIOPTAN®

Lyrica Step Therapy

Step One: gabapentin

Step Two: LYRICA®, SAVELLA®, CYMBALTA®

Osteoporosis Step Therapy

Step One: alendronate, ibandronate

Step Two: ACTONEL®, ATELVIA®, BINOSTO®

SSRI/SNRI Step Therapy

Step One: venlafaxine ER/IR, fluoxetine, sertraline, escitalopram, citalopram

Step Two: PRISTIQ®, VIIBRYD®, DESVENLAFAXINE®, BRINTELLIX®, FETZIMA®

Zetia/Statin Step Therapy

Step One: simvastatin, pravastatin, lovastatin, atorvastatin

Step Two: ZETIA®, VYTORIN®, LESCOL XL®, SIMCOR®

DAKOTACARE: Provider submit prior authorization request at www.dkc-pa.com

Medications requiring Preauthorization under **Pharmacy Benefits**:

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|------------------------------|-------------------|-----------------------------|---------------------------|
| • Actimmune® | • Growth Hormones | • Kineret® | • Sovaldi® |
| • Adcirca® | – Humatrope® | • Korlym® | • Stelara® |
| • Adempas® | – Norditropin® | • Kuvan® | • Sucraid® |
| • Ampyra® | • Hetlioz® | • Letairis® | • Symlin® |
| • Antifungal Nasal Compounds | • Hizentra® | • Noxafil® | • Tanzeum® |
| • Aubagio® | • Humira® | • Neudexta® | • Tecfidera® |
| • Bydureon® | • Interferons: | • Nuvigil® | • Thalomid® |
| • Byetta® | – Avonex® | • octreotide (Sandostatin®) | • Tracleer® |
| • Carbaglu® | – Betaseron® | • Olysio® | • Tyvaso® |
| • Cimzia® | – Extavia® | • Opsumit® | • Valchlor® |
| • Copaxone® | – Infergen® | • Otezla® | • Ventavis® |
| • Eliquis® | – Intron A® | • Pradaxa® | • Victoza® |
| • Enbrel® | – Pegasys® | • Promacta® | • Victrelis® |
| • Exjade® | – PegIntron® | • Provigil® (modafinil) | • Weight Loss Medications |
| • Ferriprox® | – Rebif® | • Ravicti® | • Xarelto® |
| • Firazyr® | • Imbruvica® | • Revatio® | • Xeljanz® |
| • Forteo® | • Incivek® | • Revlimid® | • Xenazine® |
| • Gattex® | • Jakafi® | • Samsca® | • Zavesca® |
| • Gilenya® | • Juxtapid® | • Simponi® | • Zyvox® |
| | • Kalydeco® | | |

Medications requiring Preauthorization under **Medical Benefits**:

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| • Actemra® | • Epoprotenol (Flolan®, Veletri®) | • Sandostatin LAR® |
| • Adcetris® | • Gazyva® | • Soliris® |
| • Alferon N® | • Ilaris® | • Somatuline® |
| • Amevive® | • Immune Globulins | • Supprelin LA® |
| • Arcalyst® | • Kalbitor® | • Synagis® |
| • Arzerra® | • Krystexxa® | • Tysabri® |
| • Avastin® | • Myobloc® | • Vantas® |
| • Benlysta® | • Naglazyme® | • Vivitrol® |
| • Berinert® | • Orencia® | • Vpriv® |
| • Botox® | • Prolia® | • Xeomin® |
| • Cerezyme® | • Remicade® | • Xiaflex® |
| • Cinryze® | • Remodulin® | • Xolair® |
| • Dysport® | • Revatio® Inj. | |
| • Elelyso® | • Rituxan® | |